

216020596  
99425

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 137	Agency Case No. B6-044280	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/20/2016		TIME OF ACCIDENT 1935	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1951	05/20/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 3010 Mickaela Ln		PRIVATE PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	25.00		Mickaela Ln			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES		N S E W	AND MILES		N S E W
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?	
1	1					<input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F	DRIVER LICENSE NO.	H13243276		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER	NATALIIA IORDANOVA		PHONE	4026013324	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	10/08/1970	
1	534 S 30TH ST APT A, LINCOLN, NE	68510		OWNER	NATALIIA IORDANOVA	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
2	534 S 30TH ST #A, LINCOLN, NE	68510		<input type="radio"/> PENDING	<input type="radio"/> NO	LB501825
H	LICENSE PLATE PA NO.	TML982		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
2	1998	Chrysler	Concorde	4 door Sedan	gray	<input checked="" type="radio"/> TOALED \$
V2/O	VEHICLE ID NO. (VIN)	2C3HD46J6WH176736		INSURANCE COMPANY		
1	TOWED TO	TOWED BY		FARM BUREAU		
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER	Legally parked & unattended		PHONE		
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
7	OWNER	DANIEL G DRESSEN (DOB: 12-04-1965)		PHONE	4024749834	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.
01	3010 Mickaela Ln, Lincoln, NE	68521		<input type="radio"/> YES <input checked="" type="radio"/> NO		
V1/Q	LICENSE PLATE PA NO.	TAL785		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
3	2014	Jeep	Grand Chero	Medium/large	black	<input type="radio"/> TOALED \$ 1000
K	VEHICLE ID NO. (VIN)	1C4RJFBG0EC534901		INSURANCE COMPANY		
01	TOWED TO	TOWED BY		State Farm		
				POLICY NO.	039439E1027D	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

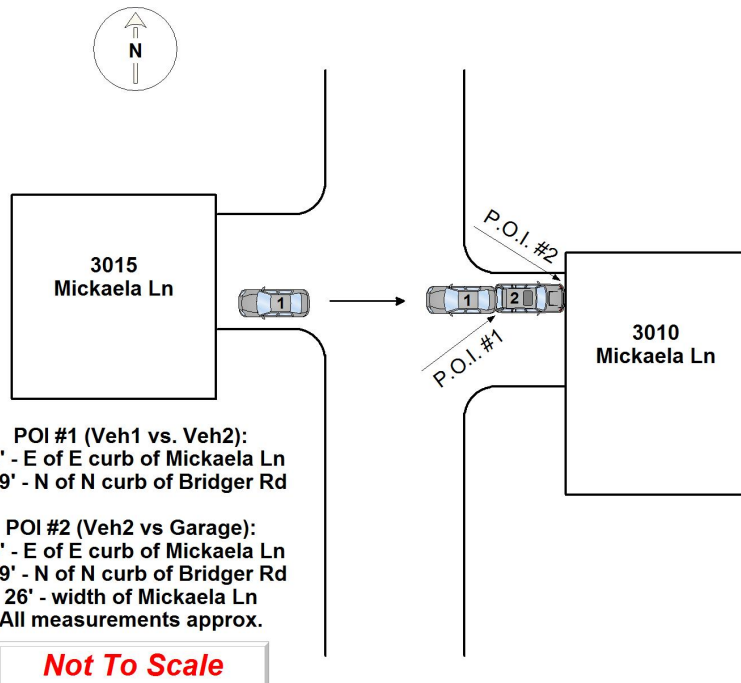
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-044280**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Dr1 stated she was operating a motor vehicle backing out of the driveway of 3015 Mickaela Ln. Dr1 stated she believed she was pressing the brake, however, her vehicle began speeding up and she eventually backed into Veh2 as it was legally parked in the driveway of 3010 Mickaela Ln (the registered owner's address). As a result of the first collision, Veh2 was then pushed approximately seven to ten feet into the garage door, absolutely destroying the garage door. Veh2 was unoccupied at the time of the accident.

<b>PROPERTY</b>	OBJECT DAMAGED <b>Overhead garage d</b>	OWNER NAME <b>Daniel Dressen</b>	ADDRESS <b>3010 Mickael Ln, Lincoln, NE 68521</b>	PHONE <b>4024749834</b>	APPROX. COST OF DAMAGE <b>\$ 1500</b>																																																																																																																																																																																																																																																																																																																																																											
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OFFICER NO. <b>1642</b>		TROOP/ TEAM/ BEAT <b>SE</b>		DEPARTMENT <b>Lincoln Police Department</b>		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																																																																																																																																																																																										
INVESTIGATOR NAME (Print or Type) <b>Jacob Wilkinson</b>				INVESTIGATOR SIGNATURE <b>Approved by Officer Jacob Wilkinson</b>		DATE OF REPORT <b>05/20/2016</b>																																																																																																																																																																																																																																																																																																																																																										